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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002624 (2)**

1. Corporation Name

PUERTO RICAN HERITAGE INSTITUTE, INC.

Principal Place of Business

1825 PONCE DE LEON BLVD
SUITE 151
CORAL GABLES FL 33134
US

Mailing Address

1825 PONCE DE LEON BLVD
SUITE 151
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 1825 Ponce de Leon Blvd. #151

Suite, Apt. #, etc.

22 #151

City & State

23 Coral Gables, Fl.

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 1825 Ponce de Leon Blvd.

Suite, Apt. #, etc.

27 #151

City & State

28 Coral Gables, Fl.

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

65-0688734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
9200 S. DADELAND BLVD.
SUITE 603
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Cuevas, Andrew, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

9200 So. Dadeland Blvd. - Suite 603

83

Miami, Florida

84 City

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 617.0522 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Andrew Cuevas

(Andrew Cuevas, Esq.)

1/29/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, RAFAEL O	1.2 NAME	Pena, Rafael O
STREET ADDRESS	20295 NW 2ND AVE	1.3 STREET ADDRESS	20295 N.W. 2nd Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33169
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA, LUIS D	2.2 NAME	Rosa, Luis D.
STREET ADDRESS	1825 PONCE DE LEON BLVD SUITE 151	2.3 STREET ADDRESS	1825 Ponce de Leon Blvd. Suite 151
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLESTE, CONNIE	3.2 NAME	Isla Galban
STREET ADDRESS	16003 KINGSMOOR WAY	3.3 STREET ADDRESS	7820 Kisnet St.
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	Miramar, Fl. 33023
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALVIRE, GRACE	4.2 NAME	Chalvire, Grace
STREET ADDRESS	1825 PONCE DE LEON BLVD SUITE 151	4.3 STREET ADDRESS	1825 Ponce de Leon Blvd. - Suite 151
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOJICAS, HENRY	5.2 NAME	Mojicas, Henry
STREET ADDRESS	1825 PONCE DE LEON BLVD SUITE 151	5.3 STREET ADDRESS	1825 Ponce de Leon Blvd. - Suite 151
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEJEDA, PAULA	6.2 NAME	Nilsa Velazquez
STREET ADDRESS	P O BOX 614	6.3 STREET ADDRESS	3628 N.E. 1st Ct.
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	Miami, Fl. 33137

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andrew Cuevas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/98

Daytime Phone # 0027126

CR2E037 (10/97)